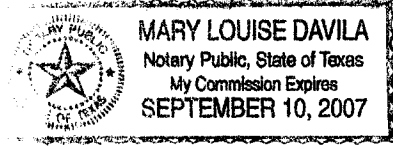
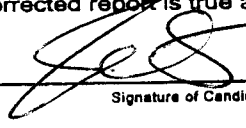
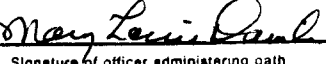


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CITY CLERK
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CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST <div style="text-align: center;">Julian</div>	MI
	NICKNAME	LAST <div style="text-align: center;">Castro</div>	SUFFIX
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		
	5 ORIGINAL PERIOD COVERED Month Day Year Month Day Year <div style="text-align: center;">1 / 1 / 04 THROUGH 6 / 30 / 04</div>		
6 EXPLANATION OF CORRECTION <div style="text-align: center; padding: 20px;">Correction of arithmetic error.</div>			
7 AFFIDAVIT <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;">  <p>MARY LOUISE DAVILA Notary Public, State of Texas My Commission Expires SEPTEMBER 10, 2007</p> </div> <div style="width: 65%;"> <p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.</p> <div style="text-align: center; margin-top: 20px;">  _____ Signature of Candidate or Officeholder </div> </div> </div> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me by <u>Julian Castro</u> this the <u>29th</u> day of <u>April</u>, 20 <u>04</u>.</p> <p>to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;">  _____ Signature of officer administering oath </div> <div style="width: 30%;"> <u>Mary Louise Davila</u> _____ Printed name of officer administering oath </div> <div style="width: 30%;"> <u>Notary</u> _____ Title of officer administering oath </div> </div>			

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

2005 APR 29 PM 4:30

FORM C/OH

COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MRX

FIRST

MI

Julian

NICKNAME

LAST

SUFFIX

Castro

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

☐ Change of Address

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

715 E. Sunshine San Antonio, TX

78228

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 222-8292

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MRX

FIRST

MI

Joaquin

NICKNAME

LAST

SUFFIX

Castro

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

143 Globe St., San Antonio, TX 78228

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 436-5284

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☒

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

1 / 1 / 04

6 / 30 / 04

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 7 / 05

ELECTION TYPE

☐ Primary☐ Runoff☒ General☐ Special

12 OFFICE

OFFICE HELD (if any)

City Council District 7

13 OFFICE SOUGHT (if known)

Mayor

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH

SUPPORT & TOTALS COVER SHEET PG 2

2005 APR 29 PM 4:30

15 C/OH NAME

Julian Castro

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 100

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 11872

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 15277.86

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

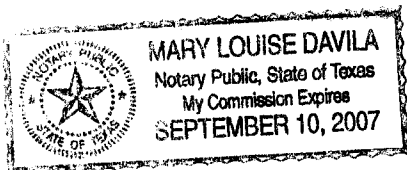
\$ 2066.33

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Julian Castro, this the 27th day of April, 20 004, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

